

CLAIMS ONLY							Application Number <div style="text-align: center; font-family: cursive;">10816607</div>		Filing Date	
							Applicant(s)			
2-13-06							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1									
2		1								
3		1								
4	1									
5	1									
6		1								
7		1								
8		1								
9		1								
10		1								
11		1								
12		1								
13		1								
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
Total Indep	3		1		1		1		1	
Total Depend	10		1		1		1		1	
Total Claims	13		2		2		2		2	